



Department of Public Health and Human Services

Senior and Long Term Care Division ♦ 2030 11th Ave., PO Box 4210 ♦ Helena, MT 59604-4210
(406) 444-4077 ♦ Fax: (406) 444-7743 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Richard H. Opper, Director

Date

Agency

Address

City, State, Zip

Dear Regional Transition Coordinator:

This letter approves your role in the Montana Community Choice Partnership Money Follows the Person (MFP) Demonstration Program. Specifically, you have been selected to serve in the role as an MFP Regional Transition Coordinator (RTC) to work with MFP participant, _____. In this role, you agree to follow the policy for the MFP Demonstration Service entitled "MFP Regional Transition Coordinator".

Please review the enclosed MFP Regional Transition Coordinator Acceptance Form, sign, date, and return in order to accept your role in the MFP demonstration program. If you have any questions, please call 406-444-0933 or email MoneyFollowsThePerson@mt.gov.

Sincerely,

Hazel Noonan
MT DPHHS SLTC
MFP Transition Coordinator